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CONFIRMATION NO. 6180

SERIAL NUMBER 08/947,668	FILING OR 371(c) DATE 10/09/1997 RULE 1.60	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. OHI 1717-004	
APPLICANTS TRACEY C. SLEMKER, BROOKVILLE, OH; ** CONTINUING DATA ***** This application is a CON of 08/516,557 08/18/1995 PAT 5,702,489 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/12/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 1	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 5
ADDRESS 08698					
TITLE VALVE ASSEMBLY FOR A PROSTHETIC LIMB					
FILING FEE RECEIVED 1002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		